

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12/19/91

REG

1981383

VA 5166  
HIO, CO  
10111

1. NAME DICKERSON Timothy Last First MI
2. BUSINESS PHONE 318-387-5286 Area Code and Phone Number
3. BUSINESS ADDRESS 3717 TILFORD CIR. MONROE LA. 71201 Street and No. City State Zip
4. EMPLOYER Professional Fire Fighters Association
5. EMPLOYER'S ADDRESS 3717 TILFORD CIR. MONROE LA. 71201 Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Professional Fire Fighters Association of LA.
- Address 3717 TILFORD CIR. MONROE, LA. 71201
- Business or purpose Professional Fire Fighters
- Does this person pay you? yes
- If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_
- Address \_\_\_\_\_
- Business or purpose \_\_\_\_\_
- Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

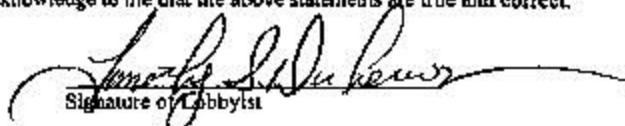
505 Lobbyist's Registration Number
---------------------------------------

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_

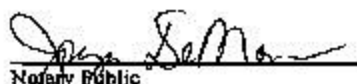
State of Louisiana

Parish of Orleans

Before me, the undersigned authority, personally came and appeared Timothy S. Dikerson who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
 Signature of Lobbyist

Sworn to and subscribed before me on this 3rd day of December, 1997.

  
 Notary Public

Rev. 8/97

ATTACH  
 2" x 2"  
 PHOTOGRAPH  
 HERE  
 FOR  
 INITIAL  
 REGISTRATION  
 ONLY